

Zoning Verification Letter Form
Please fill out completely.

Date: _____

Note: **Letters faxed or mailed only if not local.

****Letters may be picked up one day after requested.**

The fee is **\$10.00**, which should be mailed back with statement or paid at time of pickup.

Property Address(es)
and/or Parcel No(s).: _____

Current/Proposed
Use of Property: _____

Addressee: _____

Send Bill To: _____
☐ same as above _____

Contact: _____ Phone: _____

***Please return the form to us by one of the following:**

- Fax – 601-960-2192
- Mail – P. O. Box 17, Jackson, MS 39205